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## BIB DATA SHEET

CONFIRMATION NO. 2334

<b>SERIAL NUMBER</b> 10/501,668	<b>FILING or 371(c) DATE</b> 04/20/2005 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4155	<b>ATTORNEY DOCKET NO.</b> 13908		
<b>APPLICANTS</b> Karl-Heinz Bauer, Uster, SWITZERLAND; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/00364 01/15/2003 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 01 257.1 01/15/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /EDWARD B WINSTON III/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Orum & Roth 53 West Jackson Boulevard Chicago, IL 60604 UNITED STATES						
<b>TITLE</b> Method and device for securing patient data						
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			